

In re Application of:

HIROAKI SUGIURA

Application No.: 09/342,917

Filed: June 30, 1999

For: IMAGE DATA CONVERSION USING
INTERPOLATION

Docket No.

00862.002900

Examiner: T. Havan

Group Art Unit: 2672

Date: July 8, 2003

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 23	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 7	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the
 United States Postal Service as first-class mail in an envelope addressed
 to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
 1450 on

July 8, 2003
 (Date of Deposit)

Dennis A. Duchene
 (Name of Attorney for Applicant)

D. D.
 Signature

July 8, 2003
 Date of Signature

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 40,595

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

CA_MAIN 66209 v 1

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive, Suite 1600

Costa Mesa, California 92626

(714) 540-8700

Facsimile: (714) 540-9823

FACSIMILE COVER SHEET**TO:** Don Fairchild
Office of Publications**FROM:** Dennis A. Duchene**RE:** U.S. Application No. 09/342,917
Our Ref.: 00862.002900**FAX NO.:** (703) 305-4372**DATE:** August 19, 2003**NO. OF PAGES:** 12
(including cover page)**TIME:** 12:00 noon**SENT BY:** Sa**MESSAGE****IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.****Note:** We are transmitting from a Canon Model FAX-L770
(compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

Mail Stop RCE

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Date 7 / 8 / 03Mo. Day Yr.
Atty. Docket 00862Application No. 002900
9/342,917

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☒ Check for \$ 750.00 ~~(claim fee)~~ (filing fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☒ Other (specify) Prelim. Amend. & Trans.

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. DAD/saDue Date 7 / 8 / 03
Mo. Day Yr.
(Issue Fee due)

37 CFR 1.8 ☒

37 CFR 1.10 ☐

By Hand ☐

Fitzpatrick, Cella, Harper & Scinto
P.T.O. ACCOUNT
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

REMITTANCE ADVICE			
<u>00862</u>	<u>002</u>	<u>900</u>	

1-2/210

53386

PAY

DOLLARS

CHECK NO.	TO THE ORDER OF	DATE
<u>53386</u>	COMMISSIONER OF PATENTS AND TRADE MARKS	<u>7/8/03</u>

CHECK AMOUNT

<u>750</u>

FITZPATRICK, CELLA, HARPER & SCINTO

JPMorganChaseBank

633 THIRD AVENUE
NEW YORK, NY 10017

⑈053386⑈ ⑆021000021⑆114010781⑈